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Carcinoma of the Thyroid Gland

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SUMMARY

Sixty-three cases of cancer of the thyroid gland were studied. In 16 cases the cancer arose in an adenoma—without clinical evidence of carcinoma in any instance.

Hoarseness, dyspnea and dysphagia, fixation and hardness, and slow enlargement of the lateral lymph nodes were the most common diagnostic signs and symptoms.

The most common avenue of spread is the lymphatic system. In two-thirds of the cases in which metastasis occurred, the cervical nodes were involved.

Prognosis is related to the histologic type of the lesion.

Of 35 patients observed for five years after treatment, ten had no evidence of disease at the end of that time. Twenty were followed for ten years and four of them apparently were free of cancer.

The trend in treatment is toward more extensive surgical dissection. In inoperable cases, irradiation has been used with some benefit.

THE wide differences in the clinical manifestations of cancer of the thyroid gland have created considerable divergence of opinion as to its true pathologic character and confusion as to proper treatment. The present study is based on 63 cases observed at the Stanford University Hospitals since 1921. Because of the variety of methods of treatment employed, with no one method predominant, statisti-

cal evaluation of results cannot be stressed. Rather, emphasis is put on the knowledge gathered on the course and development of the disease as related to the various histologic types, the location of cervical metastases, and the fate of patients with cancers that arose in simple adenomas.

INCIDENCE

The percentage of cases in which nodular goiter becomes cancerous seems to vary from one part of the country to another.^{3, 4} In Figure 1, the relative incidence reported in various parts of the United States is shown. The variations in figures are probably owing to the nature of the material studied, the small number of cases involved, and the tendency for patients with certain kinds of disease to gravitate to particular centers. Crile⁵ noted that the surgical material studied represented a screened and selected incidence. Inaccuracy in classification of goiters adds to the confusion. Finally, autopsy material does not provide a true index. In the period 1944 to 1948, covered by Cole and co-workers,³ there were 675 autopsies at the Illinois Research Hospital. In only two cases was thyroid cancer present. However, during this same period, 16 patients with thyroid cancer were operated upon. Of this number, 11 were known to be dead but autopsy was not done on any of them at the Illinois Research Hospital.

Carcinoma arising in diffuse toxic goiter is very rare,^{4, 10, 27} and toxicity occurs infrequently in patients with thyroid cancer. When toxicity is present, as Friedell⁹ has described, the carcinomatous area is not usually responsible for the hyperthyroidism.

In the present series of 63 cases of thyroid cancer, the growth arose from preexisting, clinically evident adenomas in 16 cases, or 25 per cent, an experience identical with that reported by other observers.^{3, 18, 21}

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EDITORIALS

Physical Therapy

In recent years the California Medical Association has aligned itself with the graduates of approved colleges of physical therapy in an attempt to establish a system of registration for graduates who confine their activities to work carried out under the supervision and direction of physicians. During this same time another group has been working for legislation which would set up a state licensing board for those who would practice various forms of physical therapy on the public at large under no professional supervision.

In the current session of the Legislature these two movements have clashed head-on.

In order to prepare itself for this collision the Legislative Committee of the Association started gathering evidence early in 1950. It was primarily concerned with the training that the unsupervised physical therapists received, the manner in which they practiced and the ethical standards, if any, which they maintained. The answers were secured and have been presented to the Legislature.

An employee of the Association was sent to a "physical therapy school" claimed by the other group to be "outstanding"—a three-room establishment above a Berkeley liquor store. There, for six months—and a fee of \$300—he studied "physical therapy." His findings were given to the Legislature in a 28-page affidavit, complete with photographic evidence of examination papers, diploma, etc. In brief, his conclusions may be summarized about as follows:

1. Any student who paid the \$300 tuition was assured of graduation.
2. Examinations were a farce; when he, intentionally or otherwise, missed examination questions, the correct answers were written in by the instructor and a grade of 100 per cent given him.
3. Special emphasis was laid on the technique of administering colonics; the instructor was a woman who claimed to have started in this field twelve years ago, her first patient being her ailing husband. She later admitted that the patient had died after two years.
4. Students of the school were instructed in how to build up a practice by starting in on neurotics, arthritics and others in home visits in evening hours; this start, they were told, would permit them to hold down a regular job and gradually build a large enough clientele to warrant setting up a "physical therapy" establishment.
5. Graduates of the school were eligible for membership—for an additional \$33—in the statewide organization seeking a licensing board. This organization, presumably for want of funds, has permitted its bulletin to be subsidized by equipment manufacturers and others who would teach the members how to "get on easy street."
6. The climax-capper was eligibility of organization members to take a course—\$200 tuition plus \$5 for "student notes"—in "thalamotherapy," a system for treating cancer and other diseases by having the patient wear goggles in which different-colored glass lenses (with no optical qualities) were inserted. This two-day course was taught by a chiropractor who claimed unusual success in "bloodless

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NOTICES AND REPORTS

Council Meeting Minutes

Tentative Draft: Minutes of the 378th Meeting of the Council of the California Medical Association, San Francisco, March 17, 1951.

The meeting was called to order by Chairman Shipman in Room 261 of the St. Francis Hotel, San Francisco, at 9:30 a.m., Saturday, March 17, 1951.

Roll Call:

Present were President Cass, President-Elect MacLean, Speaker Alesen, Vice-Speaker Charnock, Councilors Ball, Crane, Henderson, Dau, Ray, Montgomery, Lum, Pollock, West, Thompson, Shipman and Bailey, Secretary Daniels and Editor Wilbur. A quorum present and acting.

Absent for cause were Councilors Green, Heron and Frees.

Present by invitation during all or a part of the meeting were Dr. John W. Cline, president-elect of the American Medical Association; Dr. George F. Lull, Secretary of the American Medical Association; Dr. Dwight H. Murray, legislative chairman; Dr. Malcolm Merrill of the State Department of Public Health; Dr. Garnett Cheney; Dr. John R. Upton, chairman of the Blood Bank Commission; Dr. L. H. Garland; Executive Secretary Hunton, Assistant Executive Secretary Thomas, Legal Counsel Hassard, Field Secretary Clancy, Messrs. Bowman and Paolini of California Physicians' Service, Messrs. Whitaker, Jr., and Dorais of public relations counsel, and county executive secretaries Waterson of Alameda-Contra Costa, Wood of San Mateo, Gillette of Fresno, Cochems of Los Angeles, and Tobitt of Orange. Others present for temporary periods are referred to in these minutes.

1. Minutes for Approval:

(a) Minutes of the 377th Council meeting, held January 27, 1951, were approved.

(b) Minutes of the 225th Executive Committee meeting, held February 15, 1951, were approved.

2. Membership:

(a) A report of membership as of March 16, 1951, was received and ordered filed.

(b) On motion duly made and seconded, members who had become delinquent for 1950 dues were voted reinstatement as active members.

(c) On motion duly made and seconded in each instance, 15 applicants were elected to Retired Membership. These were:

William Barnhart, Harry D. Earl, Frank W. Haynes, R. G. Henderson, Clarence C. Hopkirk, Fred W. Kuhlmann, Albert A. Peterson, Nina R. Smith and Earl H. Welcome, Los Angeles County; Roscoe L. Clark and Frank Ohanneson, Sacramento County; Algernon S. Garnett and Xenophon Olsen, San Bernardino County; Jay Jacobs, San Francisco County; Harry Carlos De Vighne, Santa Barbara County.

(d) On motion duly made and seconded in each instance, six applicants were elected to Life Membership. These were:

John McAuley, Joseph Robinson, John Wehrly, Orange County; Thomas O. Burger, San Diego County; P. M. Savage, San Bernardino County; Minerva Goodman, San Joaquin County.

(e) On motion duly made and seconded in each instance, 11 applicants were elected to Associate Membership. These were:

Robert L. Kesterson and Frederick L. Kreutzer, Alameda County; Jim H. Lecky and Ivan A. May, Fresno County; Mabel Geddes and John H. Linson, Orange County; M. Hugo Childress, Ernest Jawetz, Isadore Kamin, Paul H. Leach and Max H. Teitler, San Francisco County.

(f) On motion duly made and seconded in each instance, reduction of dues was voted for 29 applicants because of illness or postgraduate study.